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CONFIRMATION NO. 2722

<b>SERIAL NUMBER</b> 10/708,723	<b>FILING OR 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> GEMS8081.204
<b>APPLICANTS</b> Ehud J. Schmidt, Newton, MA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/20/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 30
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27061				
<b>TITLE</b> SELF-EXPANDING MULTI-CHANNEL RF RECEIVER COIL FOR HIGH RESOLUTION INTRA-CARDIAC MRI AND METHOD OF USE				
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	